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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing
OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	MCP 102
First Named Inventor	John T. Santini, Jr.
COMPLETE IF KNOWN	
Application Number	09 / 715,493
Filing Date	November 17, 2000
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MICROFABRICATED DEVICES FOR THE DELIVERY OF MOLECULES INTO A CARRIER FLUID

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/166,370	11/17/1999	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number → Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Patrea L. Pabst	31,284		
Robert A. Hodges	41,074		
Kevin W. King	42,737		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	Patrea L. Pabst			
Address	Arnall Golden & Gregory, LLP			
Address	2800 One Atlantic Center, 1201 West Peachtree Street			
City	Atlanta	State	GA	ZIP
Country	United States	Telephone	(404)873-8794	Fax
	(404)873-8795			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any)		Family Name or Surname		
John T.		Santini, Jr.		
Inventor's Signature	<i>John T. Santini, Jr.</i>			Date 12-13-00
Residence: City	Belmont	State	MA	Country
Post Office Address	US			
Post Office Address	Citizenship US			
City	Belmont	State	MA	ZIP
			02478	Country
				US

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Filed: November 17, 2000

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PTO/SB/02A (3-97)

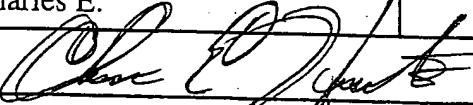
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DECLARATION

**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Charles E.		Hutchinson				
Inventor's Signature						Date 12/01/00
Residence: City	Canaan	State	NH	Country	US	Citizenship US
Post Office Address	Apple Blossom Lane					
Post Office Address						
City	Canaan	State	NH	ZIP	03741	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname				
Scott A.		Uhland				
Inventor's Signature						Date
Residence: City	Somerville	State	MA	Country	US	Citizenship US
Post Office Address	12 Curtis Street, Apartment No. 3					
Post Office Address						
City	Somerville	State	MA	ZIP	02144	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname				
Michael J.		Cima				
Inventor's Signature						Date
Residence: City	Winchester	State	MA	Country	US	Citizenship US
Post Office Address	184 Mystic Valley Parkway					
Post Office Address						
City	Winchester	State	MA	ZIP	01890	Country US

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Scott A.		Uhland					
Inventor's Signature	<i>Scott Uhland</i>					Date	<u>12/13/00</u>
Residence: City	Somerville	State	MA	Country	US	Citizenship	US
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Michael J.		Cima					
Inventor's Signature						Date	
Residence: City	Winchester	State	MA	Country	US	Citizenship	US
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Robert S.		Langer				
Inventor's Signature						Date
Residence: City	Newton	State	MA	Country	US	Citizenship
Post Office Address	77 Lombard Street					
Post Office Address						
City	Newton	State	MA	ZIP	02458	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname				
Dennis		Ausiello				
Inventor's Signature						Date
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Post Office Address	38 Bradford Road					
Post Office Address						
City	Wellsley Hill	State	MA	ZIP	02481	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
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Dennis		Ausiello					
Inventor's Signature	<i>Dennis A. Ausiello MD</i>					Date	<u>11/27/00</u>
Residence: City	Wellsley Hill	State	MA	Country	US	Citizenship	US
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